



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## INFORMATIONAL LETTER 734

**DATE:** July 29, 2008  
**TO:** All Iowa Medicaid Providers  
**FROM:** The Iowa Department of Human Services, Iowa Medicaid Enterprise  
**RE:** Records Lost or Destroyed as a Result of a Disaster

Iowa Medicaid Enterprise (IME) is aware that provider records may have been lost or destroyed as a result of recent natural disasters that have occurred in Iowa. This Informational Letter provides guidance for providers who have a loss of records due to these natural disasters. Specifically the letter provides instruction for:

- ✓ Loss of documents that are required to be submitted for payment of a Medicaid claim.
- ✓ Loss of documents that must be maintained for five years for potential audit or review purposes, according to the *Maintenance requirement* in Iowa Administrative Code 441—79.3(3).

**If you have medical or billing records that have been lost due to a natural disaster, the attached form, *Attestation of Medical Record Loss or Destruction 470-4560 (7/08)*, should be filled out and kept in your records, in place of the records that have been lost.** This form will serve as the replacement for all records lost or destroyed to the point in time of the loss or destruction. All records after the point in time of the disaster forward must be original records maintained as in the normal course of business, under the usual documentation rules.

### REQUIREMENTS:

- The Attestation form can only be used as a replacement for records that have been lost or destroyed as a result of an event for which there has been a proclamation of disaster emergency by the Governor.
- The records must have been located in a county covered by the disaster proclamation and must have been lost or destroyed as a result of the disaster.
- **The attestation form must be completed, signed, and dated as soon as possible after the discovery of the loss of the record.** You should complete the form as soon as possible and keep it as you would the original record.
- One attestation form must be filled out and maintained in your records for each individual Medicaid member for whom records have been destroyed.
- Do not send the attestation to the IME.

If submitting the Attestation form as documentation in order to obtain payment of a Medicaid claim, the person signing the form must attest to partial or complete destruction. If records were only partially destroyed, those records that were not destroyed, and that serve as required documentation in order to obtain payment of a Medicaid claim, must also be submitted.

\*\*\*NOTE: By signing the attestation, you are swearing under the law that the records were destroyed due to the natural disasters.

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions, please contact IME Provider Services, telephone 1-800-338-7909, locally 515-725-1004, or by email at:  
[imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)